



PATENT
450100-03199

9/A
3-28-03
NP
C/m

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Masakazu HAYASHI et al.

Serial No. : 09/845,382

For : METHOD AND APPARATUS FOR DISPLAYING
INFORMATION AND PROGRAM AND MEDIUM
USED THEREFOR

Filed : April 30, 2001

Examiner : F. Nguyen

Art Unit : 2674

RECEIVED

MAR 27 2003

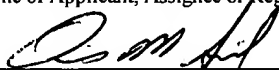
Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Assistant Commissioner for Patents, Washington,
DC 20231, on March 17, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative



Signature

March 17, 2003

Date of Signature

AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the Office Action of December 18, 2002, please amend the above-
referenced application as follows:



PATENT
450100-03199

2674

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Masakazu Hayashi et al
Serial No. : 09/845,382
Filed : April 30, 2001
For : METHOD AND APPARATUS FOR DISPLAYING INFORMATION
AND PROGRAM AND MEDIUM USED THEREFOR
Examiner : F. Nguyen
Art Unit : 2674

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Assistant Commissioner for Patents
Washington, D.C. 20231

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Dear Sir:

Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	36	Minus	** =36	* 0 x	\$18 (9)	= \$ 0
Independent claims	4	Minus	*** =4	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

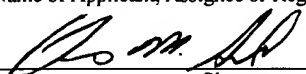
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative


Signature

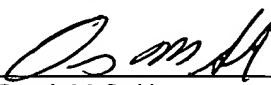
March 17, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:



Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800